

DECLARATION AND POWER OF ATTORNEY

Docket No. X-12451

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the invention entitled

METHOD OF TREATING HEPARIN-INDUCED THROMBOCYTOPENIA

which is described and claimed in the specification which:

(check [X] is attached hereto.
one) [] was filed on _____ as United States
Application Serial No. _____
or
PCT International Application No. _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined 37 C.F.R. 1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional patent application(s) listed below.

60/108,432
(Application Number)

11/13/98
(Filing Date)

Power of Attorney: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

00853859-051101

Attorney	Reg. No.	Attorney	Reg. No.
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said Robert A. Conrad to have in addition the power to revoke the power granted to all others listed above.

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Brian P. Barrett
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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Inventor's Signature :

Charles Jack Fisher

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0055383-05101

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Date:

9/2/88

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